INTRODUCTION

Tobacco use remains the leading cause of preventable death in South Dakota. More deaths are caused each year by tobacco use than by human immunodeficiency virus (HIV), illegal drug use, alcohol use, motor vehicle injuries, suicides, and murders *combined*. The Centers for Disease Control and Prevention (CDC) highlights the following data about South Dakota¹.

Deaths in South Dakota Caused by Smoking

| Annual average smoking-attributable deaths | 1,100 |
|---|--------|
| Youth ages 0-17 projected to die from smoking | 18,000 |

Annual Costs Incurred in South Dakota from Smoking

Total medical \$274 million

Medicaid medical \$58 million

Lost productivity from premature death \$228 million

In 2007, CDC issued the *Best Practices for Comprehensive Tobacco Control Programs*. This document describes an integrated programmatic structure for implementing interventions proven to be effective and provides the recommended level of state investment to reach these goals and reduce tobacco use in each state¹.

The South Dakota Department of Health, Tobacco Control Program is working to:

- 1. Reduce the number of people who start using tobacco;
- 2. Increase the number of people who quit using tobacco; and
- 3. Reduce the number of nonsmokers exposed to secondhand smoke.

The South Dakota Department of Health Tobacco Control Program contracted with the Minnesota Institute of Public Health to develop the *Tobacco Prevention Toolkit (K-12)*. This toolkit provides tobacco prevention activities, policies, and curriculum for South Dakota educators. The toolkit has been designed to serve as a user-friendly guide within K-12 schools.

How to Use the Toolkit

The *Tobacco Prevention Toolkit* (*K-12*) is designed to provide information about tobacco prevention activities, policies, and curriculum. It serves as a user-friendly guide that can assist with planning and implementation of tobacco prevention efforts. The majority of the activities, policies, and curriculum described in the toolkit are evidence-based. The toolkit is designed for educators throughout South Dakota. Educators can use the toolkit to:

- learn and gather ideas for tobacco prevention activities,
- assist in the development and implementation of tobacco-free policies,
- select tobacco curriculum for classroom use, and
- find sources of information.

The toolkit is organized into three sections, which correspond to these areas. Each section is unique and is described below. Each section includes a bibliography.

Section 1: Tobacco Prevention Activities

The Tobacco Prevention Activities section includes examples of activities to implement in school settings. Please note that not all of these tobacco prevention activities are evidence-based. However, activities are a key component to a comprehensive tobacco prevention program.

Section 2: Tobacco Prevention Policies

The Tobacco Prevention Policies section includes information and examples about tobacco free policy implementation in school settings.

Section 3: Tobacco Prevention Curriculum

The Tobacco Prevention Curriculum section includes a variety of information about evidence-based curricula. The majority of the curriculum is recognized by the National Registry of Evidence-based Programs and Practices (NREPP). The information includes target audience, goals, objectives, description, and cost.

Background

The 2006 Surgeon General's report on secondhand smoke concluded that secondhand smoke causes premature death and disease in children and in adults who do not smoke². In addition, children exposed to secondhand smoke are at an increased risk for acute respiratory infections, ear problems, and more severe asthma².

School programs designed to prevent tobacco use could become one of the most effective strategies available to reduce tobacco use in the United States³. Accordingly, the Centers for Disease Control and Prevention (CDC) created the Guidelines for School Health Programs to Prevent Tobacco Use and Addiction. The guidelines³ recommend that all schools:

- a) develop and enforce a school policy on tobacco use.
- b) provide instruction about the short- and longterm negative physiologic and social consequences of tobacco use, social influences on tobacco use, peer norms regarding tobacco use and refusal skills,
- c) provide tobacco-use prevention education in kindergarten through 12th grade,
- d) provide program-specific training for teachers,
- e) involve parents or families in support of schoolbased programs to prevent tobacco use,
- f) support cessation efforts among students and all school staff who use tobacco, and
- g) assess the tobacco-use prevention program at regular intervals.

The effectiveness of school-based tobacco prevention programs appears to be enhanced and sustained by comprehensive school health education and by community-wide programs that involve parents, mass media, community organizations, or other elements of the social environment of youth.

In addition, the CDC sponsored an evaluation of data on media campaigns from Australia, Canada, England, Finland, the Netherlands, Norway, Poland Scotland, and the United States⁴. Based on this review of material on youth tobacco

use prevention campaigns from nine countries, the research literature, and extensive marketing program experience, the authors have drawn several conclusions about successful mass media campaigns⁴. In general, successful youth tobacco use prevention mass media campaigns⁴:

- Are most effective when they are part of broader, comprehensive tobacco control programs designed to change a community's prevailing attitudes concerning tobacco use.
- Include ads with strong negative emotional appeal that produce, for example, a sense of loss, disgust, or fear.
- Introduce persuasive new information or new perspectives about health risks to smokers and nonsmokers.
- Use personal-testimony or graphic-depiction formats that youth find emotionally engaging but not authoritarian.

- Feature multiple message strategies, advertising executions, and media channels to consistently attract, engage, and influence diverse youth with varying levels of susceptibility to smoking.
- Provide adequate exposure to media messages over significant periods of time.
- Incorporate comprehensive formative, process, and outcome evaluation plans.

In addition, the CDC offers a 450 page comprehensive document: *Designing and Implementing an Effective Tobacco Counter-Marketing Campaign*. This manual is designed to help readers at different levels of experience who are managing programs at different stages of development⁵.

What is Evidence-Based?

In the health care field, evidence-based practice (or practices) generally refers to approaches to prevention or treatment that are validated by some form of documented scientific evidence. What counts as "evidence" varies. Evidence often is defined as findings established through scientific research, such as controlled clinical studies, but other methods of establishing evidence are considered valuable as well. Evidence-based practice stands in contrast to approaches that are based on tradition, convention, belief, or anecdotal evidence.

Source

Substance Abuse and Mental Health Services Administration, National Registry of Evidence-based Programs and Practices. What is evidence-based? Available at: www.nrepp.samhsa.gov/about-evidence.htm. Accessed July 2008.

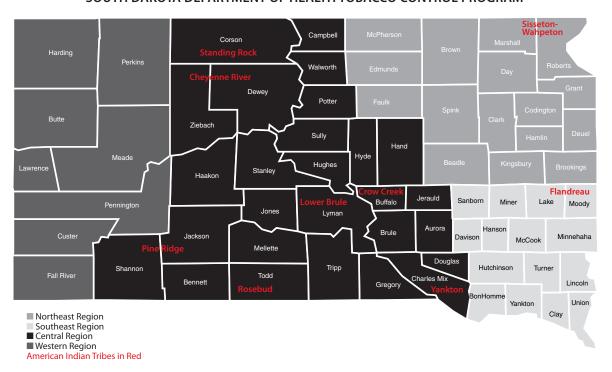
RESOURCES

The South Dakota Department of Health Tobacco Control Program provides the following list of resources. The resources provide information and materials to alleviate the need for duplication of efforts.

- Coordinated School Health http://doe.sd.gov/oess/schoolhealth/index.asp
- South Dakota Department of Health www.doh.sd.gov/catalog.aspx
- South Dakota Department of Health, Tobacco Control Program http://doh.sd.gov/tobacco
- Tobacco Prevention Coordinator Regional Map
- Centers for Disease Control and Prevention Division of Adolescent and School Health (DASH), Addressing Tobacco Use and Addiction
 www.cdc.gov/HealthyYouth/tobacco/pdf/Addressing_Tobacco_Addiction.pdf
- Centers for Disease Control and Prevention Division of Adolescent and School Health (DASH),
 Healthy Schools, Healthy Youth www.cdc.gov/healthyyouth/
- Centers for Disease Control and Prevention Division of Adolescent and School Health (DASH),
 Tobacco Use and the Health of Young People
 www.cdc.gov/HealthyYouth/tobacco/facts.htm
- Centers for Disease Control and Prevention Division of Adolescent and School Health (DASH),
 Tobacco Use Publications
 www.cdc.gov/HealthyYouth/tobacco/publications.htm
- Centers for Disease Control and Prevention Division of Adolescent and School Health (DASH),
 Tobacco Use School Health Guidelines
 www.cdc.gov/HealthyYouth/tobacco/guidelines/index.htm
- Centers for Disease Control and Prevention, Smoking and Tobacco Use www.cdc.gov/tobacco
- Centers for Disease Control and Prevention, Tobacco Use and South Dakota Students www.cdc.gov/HealthyYouth/yrbs/pdf/tobacco/yrbs07_south_dakota_tobacco.pdf
- HealthEdventure www.healthedventure.org
- TobaccoWiki www.tobaccowiki.org

Tobacco Prevention Coordinator Regional Map

SOUTH DAKOTA DEPARTMENT OF HEALTH TOBACCO CONTROL PROGRAM

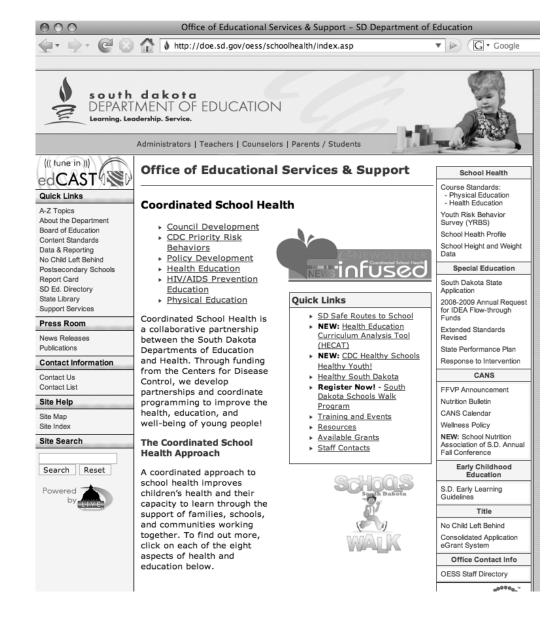


| REGION | PHONE/FAX | COUNTIES |
|---|--|---|
| Northeast Region Tobacco Prevention Coordinator Human Service Agency 123 19th Street NE, PO Box 1030 Watertown, SD 57201 | 605-884-3523 605-884-3522 (fax) | Beadle, Brookings, Brown, Clark, Codington, Day, Deuel, Edmunds, Faulk, Grant, Hamlin, Kingsbury, Marshall, McPherson, Roberts, and Spink |
| Southeast Region Tobacco Prevention Coordinator Volunteers of America, Dakotas 1309 W 51st Street, PO Box 89306 Sioux Falls, SD 57105 | 605-339-1199, ext. 341 605-335-5514 (fax) | Bon Homme, Clay, Davison, Hanson, Hutchinson, Lake, Lincoln, McCook, Miner, Minnehaha, Moody, Sanborn, Turner, Union and Yankton |
| Western Region Tobacco Prevention Coordinator Black Hills Special Services Coop 2885 Dickson Drive, PO Box 218 Sturgis, SD 57785 | 605-347-4467, ext. 243 605-347-5223 (fax) | Butte, Custer, Fall River, Harding, Lawrence, Meade, Pennington, Perkins |
| Central Region Tobacco Prevention Coordinator Black Hills Special Services Coop 2885 Dickson Drive, PO Box 218 Sturgis, SD 57785 | 605-347-4467, ext. 243 605-347-5223 (fax) | Aurora, Bennett, Brule, Buffalo, Campbell, Charles Mix, Corson, Dewey, Douglas, Gregory, Haakon, Hand, Hughes, Hyde, Jerauld, Jones, Lyman, Mellette, Potter, Shannon, Stanley, Sully, Todd, Tripp, Walworth, Ziebach |

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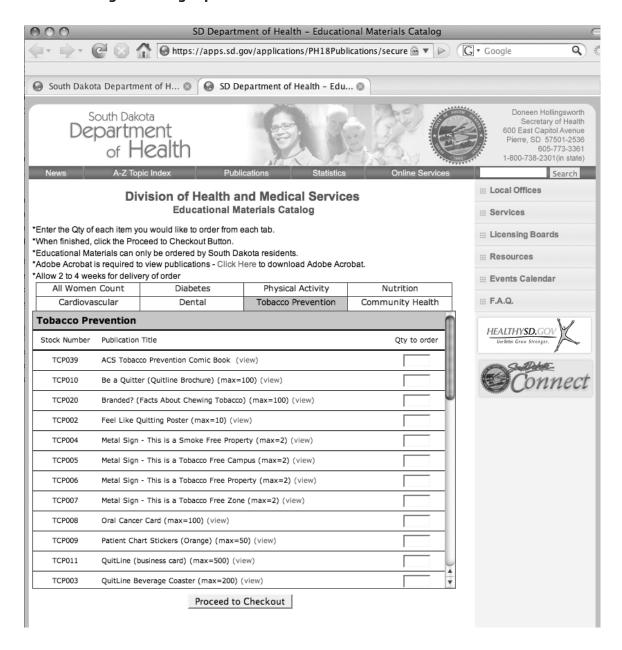
Coordinated School Health

http://doe.sd.gov/oess/schoolhealth/index.asp



South Dakota Department of Health

Please visit the South Dakota Department of Health website for additional print materials: www.doh.sd.gov/catalog.aspx.



South Dakota Department of Health, Tobacco Control Program

http://doh.sd.gov/tobacco



Centers for Disease Control and Prevention Division of Adolescent and School Health (DASH), Addressing Tobacco Use and Addiction

www.cdc.gov/HealthyYouth/tobacco/pdf/Addressing_Tobacco_Addiction.pdf



Addressing Tobacco Use Addiction



CDC's Division of Adolescent & School Health

Mission

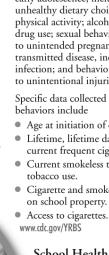
The mission of the Division of Adolescent and School Health (DASH) is to prevent the most serious health risks among children, adolescents, and young adults.

Goal

To prevent tobacco use and addiction among young people by increasing the capacity of the nation's schools to address tobacco use through coordinated school health programs.

Strategies

- Data collection and analysis.
- Science-based guidance.
- 3 Funding to state departments of education and health and national nongovernmental organizations for program and policy development.
- Evaluation.
- Integration with other federal efforts.



Data Collection and Analysis

Youth Risk Behavior Surveillance System (YRBSS)

The YRBSS consists of national, state, and large urban school district surveys of representative samples of high school students. Conducted every two years, these surveys monitor health-risk behaviors among young people so that health and education agencies can more effectively target and improve programs. These behaviors, often established during childhood and early adolescence, include tobacco use; unhealthy dietary choices; inadequate physical activity; alcohol and other drug use; sexual behaviors that can lead to unintended pregnancy or sexually transmitted disease, including HIV infection; and behaviors that contribute to unintentional injuries and violence.

Specific data collected on tobacco-use

- Age at initiation of cigarette use.
- Lifetime, lifetime daily, current, and current frequent cigarette use.
- Current smokeless tobacco, cigar, and
- Cigarette and smokeless tobacco use

School Health Policies and Programs Study (SHPPS)

Conducted every six years, SHPPS is the most comprehensive study of U.S. school health policies and programs. SHPPS assesses the characteristics of school health policies and programs at the state, district, school, and classroom levels nationwide across all eight school health program components: health

education; physical education and

Coordinated School Health Program (CSHP)

A CSHP consists of eight interrelated components: health education; physical education; health services; nutrition services; counseling, psychological, and social services; healthy and safe school environments; health promotion for staff members; and family and community involvement. CSHPs focus on improving the quality of each of these components and expanding collaboration among the people responsible for them. This coordination results in a planned, organized, and comprehensive set of courses, services, policies, and interventions that meet the health and safety needs of all students from kindergarten through grade 12. Effective CSHPs can increase the adoption of health-enhancing behaviors, improve student and staff health, and use resources more efficiently.

activity; health services; mental health and social services; nutrition services; healthy and safe school environment; faculty and staff health promotion; and family and community involvement.

SHPPS monitors policies and practices related to tobacco use, such as

- Prohibiting all forms of tobacco use by students, staff, and visitors, on school property, in school vehicles, and at school-sponsored events not on school property.
- Prohibiting various forms of tobacco advertising.
- Providing funding for staff development or offering staff development on tobacco-use prevention education to health education teachers.
- Requiring tobacco-use prevention education.

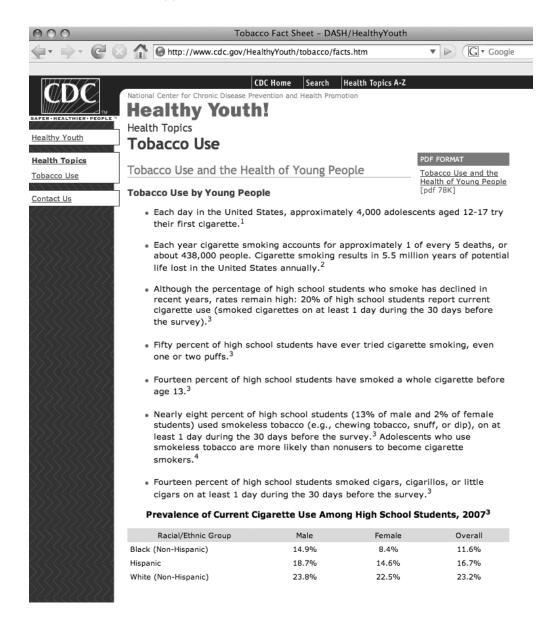
www.cdc.gov/SHPPS



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Centers for Disease Control and Prevention Division of Adolescent and School Health (DASH), Healthy Schools, Healthy Youth

www.cdc.gov/healthyyouth/



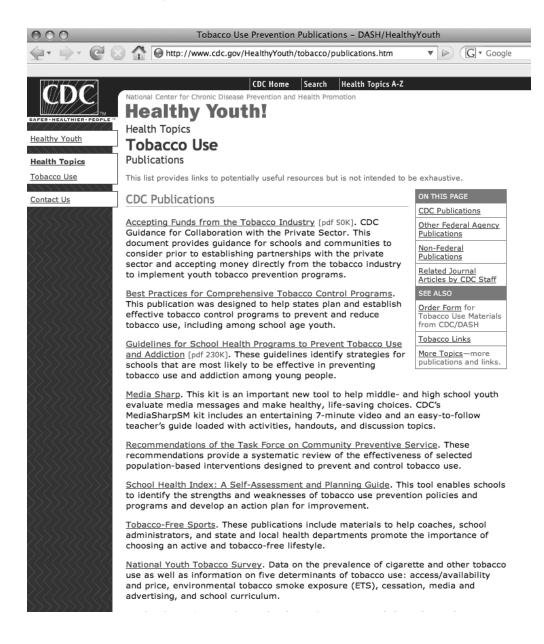
Centers for Disease Control and Prevention Division of Adolescent and School Health (DASH), Tobacco Use and the Health of Young People

www.cdc.gov/HealthyYouth/tobacco/facts.htm



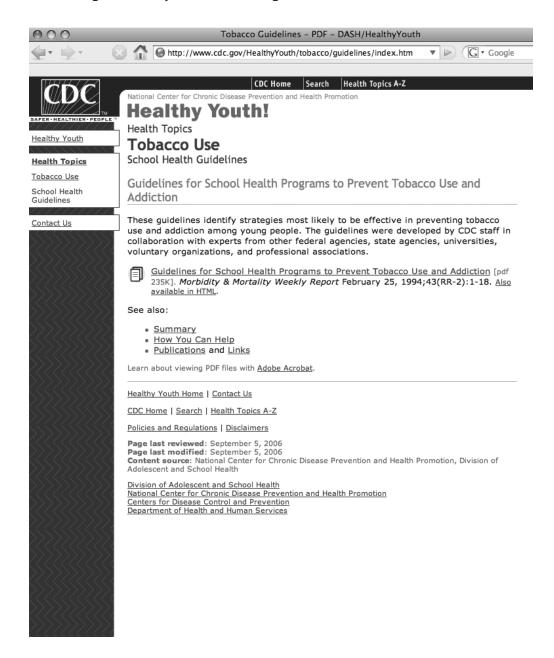
Centers for Disease Control and Prevention Division of Adolescent and School Health (DASH), Tobacco Use Publications

www.cdc.gov/HealthyYouth/tobacco/publications.htm



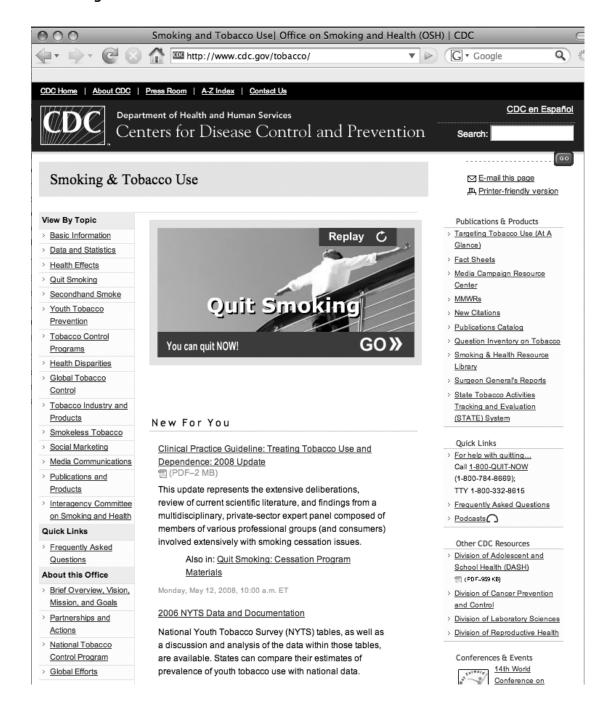
Centers for Disease Control and Prevention Division of Adolescent and School Health (DASH), Tobacco Use School Health Guidelines

www.cdc.gov/HealthyYouth/tobacco/guidelines/index.htm



Centers for Disease Control and Prevention, Smoking and Tobacco Use

www.cdc.gov/tobacco



Centers for Disease Control and Prevention, Tobacco Use and South Dakota Students

www.cdc.gov/HealthyYouth/yrbs/pdf/tobacco/yrbs07 south dakota tobacco.pdf



Tobacco Use and

South Dakota Students

What is the problem?

The 2007 South Dakota Youth Risk Behavior Survey indicates that among high school students:

Cigarette Use

- 55% ever tried cigarette smoking, even one or two puffs.
- 25% currently smoked cigarettes. (1)
- 12% smoked cigarettes on 20 or more days during the 30 days before the survey.
- 8% smoked cigarettes on school property. (2)
- Among students who currently smoked cigarettes, 63% tried to quit smoking cigarettes during the 12 months before the survey.

Other Tobacco Use

- 11% currently used smokeless tobacco. (3)
- 6% used smokeless tobacco on school property. (2)
- - currently smoked cigars, cigarillos, or little cigars. (4)

Any Tobacco Use

• - reported current cigarette use, current smokeless tobacco use, or current cigar use.

What are the solutions?

Better health education • More family and community involvement • Healthier school environments

What is the status?

The 2006 South Dakota School Health Profiles indicates that among middle schools and high schools:

Health Education

- 42% required students to take two or more health education courses.
- 35% taught 17 tobacco-use prevention topics in a required health education course.
- 26% had a lead health education teacher who received staff development during the past two years on tobacco-use prevention.

Family and Community Involvement

- 47% had a school health council.
- 48% provided families with information on school health education.
- 14% met with a parents' organization to discuss school health education.
- 21% invited family members to attend health education classes

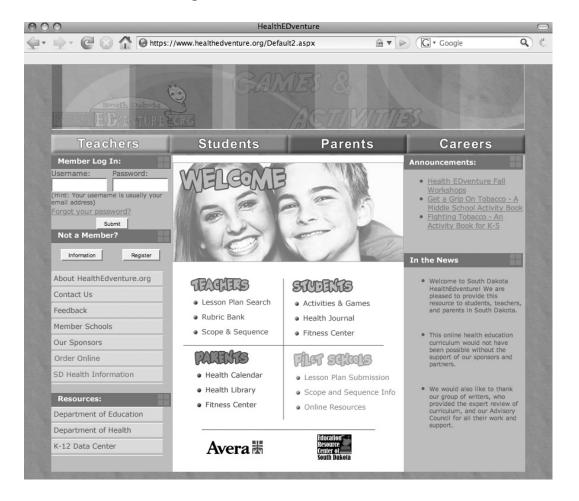
School Environment

- 23% prohibited all tobacco use in all locations. (5)
- Among schools with a policy prohibiting tobacco use, 28% sometimes, almost always, or always required students who were caught smoking cigarettes to participate in an assistance, education, or cessation program.
- 85% prohibited all tobacco advertising. (6)
- 31% provided referrals to tobacco cessation programs for students.
- 60% posted signs marking a tobacco-free school zone.
- Smoked cigarettes on at least 1 day during the 30 days before the survey.
- On at least 1 day during the 30 days before the survey.
- Used chewing tobacco, snuff, or dip on at least 1 day during the 30 days before the survey.
- 4. Smoked cigars, cigarillos, or little cigars on at least 1 day during the 30 days before the survey.
- 5. Prohibited all tobacco use by students, faculty and school staff, and visitors; in school buildings, outside on school grounds (including parking lots and playing fields), on school buses or other vehicles used to transport students, and at off-campus, school-sponsored events.
- Prohibited tobacco advertising in school buildings, on school grounds, on school buses or other vehicles, in school publications, and through sponsorship of school events, and
 prohibited students from wearing tobacco brand name apparel or carrying merchandise with tobacco company names, logos, or cartoon characters.
- Data not available.

Where can I get more information? Visit www.cdc.gov/healthyyouth or call 800 CDC-INFO (800-232-4636).

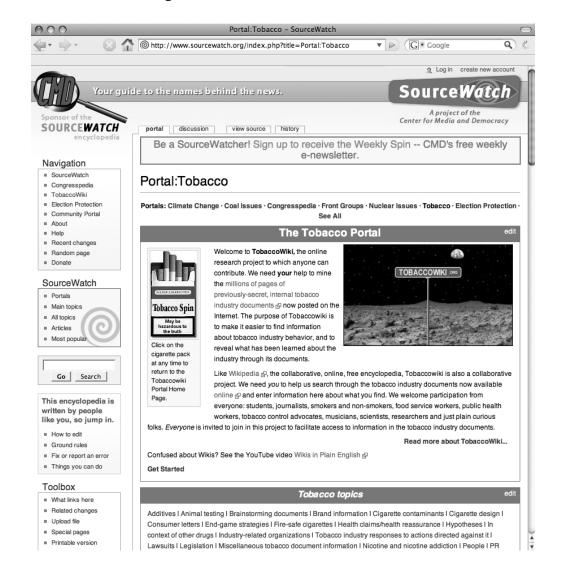
HealthEdventure

www.healthedventure.org



TobaccoWiki

www.tobaccowiki.org



References

- ¹Centers for Disease Control and Prevention. *Best Practices for Comprehensive Tobacco Control Programs-* 2007. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; October 2007.
- ²The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General. U.S. Department of Health and Human Services. 2006.
- ³Centers for Disease Control and Prevention. Guidelines for school health programs to prevent tobacco use and addiction. *MMWR* 1994;43(No. RR-2): 1-19.
- ⁴Schar E. Gutierrez K, Murphy-Hoefer R, Nelson DE. *Tobacco Use Prevention Media Campaigns: Lessons Learned from Youth in Nine Countries.* Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2006. Available at www.cdc.gov/tobacco.
- ⁵Centers for Disease Control and Prevention. Designing and Implementing an Effective Tobacco Counter-Marketing Campaign. Available at: www.cdc.gov/tobacco/media_communications/ countermarketing/campaign/index.htm